



**STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING**

121 S FRUIT ST
CONCORD NH 03301

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

COMPLAINT FORM

Pursuant to Nur 206.02, please provide the following information:

I. Person/Agency Registering Complaint:

Date: _____

Name: _____ Telephone No. () _____

Address: _____
(Street) (City) (State) (Zip)

II. Complaint Registered Against:

License No. _____ RN [] LPN [] APRN [] GN [] GPN [] LNA [] CN [] FN []

Name: _____ Telephone No. () _____

DOB: _____ SS # _____ Gender: M () F ()

Address: _____
(Street) (City) (State) (Zip)

Educational program: _____
Name Address Graduation date

III. Location of alleged violation:

(Location) (Date) (Time)

IV. Witnesses/Observers:

(Supply names and home addresses/phone numbers to the Board)

Name: _____ Title: _____ Address: _____ Telephone No: _____

V. Summary of alleged violation: (Include copy of any investigation completed) _____

Summary of alleged violation (cont):

VI. Violation of:

RSA 326-B:37 II: (See Nurse Practice Act) <http://www.nh.gov/nursing/nurse-practice-act/index.htm>

Nur 402.04: (See Administrative Rules)

Additional comments: (please use additional paper if necessary)

I have read the preceding and affirm it is true to the best of my knowledge and pursuant to Nur 205.02 (b), have sent a copy of this complaint to the Respondent.

Signature of Complainant

Date

Please check other agencies reported to:

____ BEAS (Bureau Elderly & Adult Services) ____ Ombudsman ____ Law Enforcement

Date reported to other agency: _____